

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585,920

APPLICANT(S)

FILING DATE

07-13-06

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 3 | | 2 | | | | |
| 4 | 1 | | | | | |
| 5 | | 1 | | | | |
| 6 | 1 | | | | | |
| 7 | 1 | 1 | | | | |
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| TOTAL DEP. | 5 | ← | 13 | ← | ← | |
| TOTAL CLAIMS | 8 | | 14 | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| TOTAL IND. | | | | | ↓ | |
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